

WRITE RECORD
ade for each, and the number of each in

WRITE PLAIN
N. B. - In case of more than one child

PLACE OF BIRTH

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of Graham
District of Safford
Town of Glenbar
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 237
County Registrar No. 1-95
Local Registrar No. 1-1-3

2. Full name of child Jay Darwin Carter (If child is not yet named, make supplemental report, as directed)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 8 5. No., in order of birth. 8 6. Legitimate? yes 7. Date of birth Jan 10 1925 Month Day Year

FATHER

1. Name William M. Carter
2. Residence (Usual place of abode) Glenbar
3. If non-resident, give place and state.
4. Color or race white
5. Age at last birthday 26 (Years)
6. Birthplace (city or place) _____
7. (State or country) Arizona
8. Occupation Farmer
9. Nature of industry

MOTHER

1. Full maiden name Polyann Matthews
2. Residence (Usual place of abode) Glenbar
3. If non-resident, give place and state.
4. Color or race white
5. Age at last birthday 24 (Years)
6. Birthplace (city or place) _____
7. (State or country) Arizona
8. Occupation Housewife
9. Nature of industry

10. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 11. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Allen at 2:30 A m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. W. Morris (Physician or midwife) Address Pima, Arizona

Given name added from a supplemental report Month, day, year Filled Mar 9 1925 Hattie W. Schenck Local Registrar Filled Mar 9 1925 Leo Schenck County Registrar Registrar

139-110-742